

INFORMATION DISCLOSURE CITATION

Sheet 1 of 2



ATTY. DOCKET NO.
4-31180B
APPLICATION NO.
10/601,690
APPLICANT
László Rèvész
FILING DATE
JUNE 23, 2003

Group 1624

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
DR	AA	5,739,143	4/14/98	Adams et al.	544	275	12/11/96
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO
DR	AM	95/13067	5/18/95	WO			<input type="checkbox"/> <input type="checkbox"/>
	AN	97/05878	2/20/97	WO			<input type="checkbox"/> <input type="checkbox"/>
	AO	99/21555	5/6/99	WO			<input type="checkbox"/> <input type="checkbox"/>
	AP	00/09506	2/24/00	WO			<input type="checkbox"/> <input type="checkbox"/>
DR	AQ	00/63204	10/26/00	WO			<input type="checkbox"/> <input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

DR	AR	Rasmussen, PubMed Abstract, Dan Med Bull, Vol. 47, No. 2, pp. 94-114 (2000).
	AS	
	AT	

EXAMINER

Myrak, Henry

DATE CONSIDERED

7/14/04

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609. Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES	TRANSLATION NO
DR	CA	00/64894	11/2/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
DR	CB	00/69848	11/23/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
CC							<input type="checkbox"/>	<input type="checkbox"/>
CD							<input type="checkbox"/>	<input type="checkbox"/>
CE							<input type="checkbox"/>	<input type="checkbox"/>
CF							<input type="checkbox"/>	<input type="checkbox"/>
CG							<input type="checkbox"/>	<input type="checkbox"/>
CH							<input type="checkbox"/>	<input type="checkbox"/>
CI							<input type="checkbox"/>	<input type="checkbox"/>
CJ							<input type="checkbox"/>	<input type="checkbox"/>
CK							<input type="checkbox"/>	<input type="checkbox"/>
CL							<input type="checkbox"/>	<input type="checkbox"/>
CM							<input type="checkbox"/>	<input type="checkbox"/>
CN							<input type="checkbox"/>	<input type="checkbox"/>
CO							<input type="checkbox"/>	<input type="checkbox"/>
CP							<input type="checkbox"/>	<input type="checkbox"/>
CQ							<input type="checkbox"/>	<input type="checkbox"/>
CR							<input type="checkbox"/>	<input type="checkbox"/>
CS							<input type="checkbox"/>	<input type="checkbox"/>
CT							<input type="checkbox"/>	<input type="checkbox"/>
CU							<input type="checkbox"/>	<input type="checkbox"/>
CV							<input type="checkbox"/>	<input type="checkbox"/>
CW							<input type="checkbox"/>	<input type="checkbox"/>
CX							<input type="checkbox"/>	<input type="checkbox"/>
CY							<input type="checkbox"/>	<input type="checkbox"/>
CZ							<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

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